

TRIPLE P POSITIVE PARENTING PROGRAM

Introduction and Implementation Planning

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Topics

- I. Triple P Target Population**
- II. Triple P Model**
- III. Community Development Team**
- IV. Training Protocol**
- V. Expectations to Maintain Fidelity**
- VI. Implementation Planning Guide**

TRIPLE P CLIENT POPULATION

Appropriate Triple P Clients

- Selection of clients is based upon the intervention level and intervention variant being offered (i.e. the Triple P programs being offered)
- LACDMH initial rollout: Standard Triple P and Standard Teen Triple P

Appropriate Triple P Clients

(continued)

- Parents/families of Children/Adolescents ages 0 – 16 (developmental periods of infancy, toddlerhood, pre-school, elementary school and adolescence)
- Parents/families of Children/Adolescents experiencing common behavior problems such defiance and opposition
- Parents/families of Children/Adolescents at risk for maltreatment

Appropriate Triple P Clients (continued)

- Families from diverse cultural backgrounds – Triple P successfully implemented internationally (Asia-Pacific, N. America, UK, Europe, Middle East, and Caribbean)
- US Dissemination Study included underserved populations (African-American populations)

TRIPLE P MODEL

Triple P Parenting

- Targets children 0-16 years of age
- Parenting program
- Five levels of intervention
- Primary, secondary and tertiary prevention
- Individual and group modalities
- Numerous clinical trials demonstrating effectiveness
- Developed by Sanders
<http://www.triplep.net/>

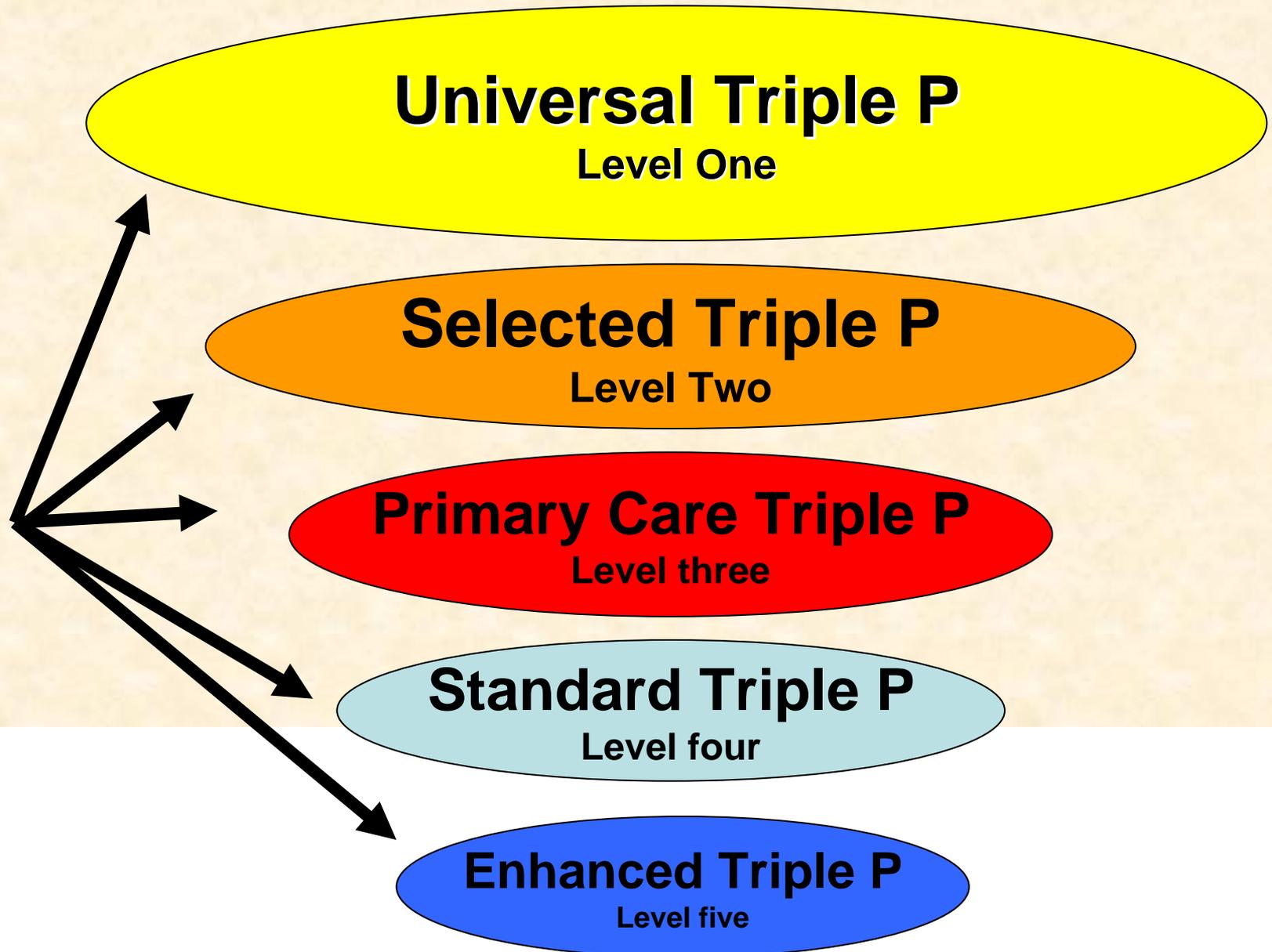
Triple P Parenting

- Improves parenting skills
- Improves parent anger management skills
- Decrease in parental stress and depression
- Decreases social isolation
- Decrease in child maltreatment
- Decrease in child injuries
- Decrease in out-of-home placements
- Improves child behavior

Triple P Parenting

- Multi level parenting and family support strategy
- Promote social competence and emotional regulation in children
- Core principles
 - Ensuring a safe, engaging environment
 - Promoting a positive learning environment
 - Using assertive discipline
 - Maintaining reasonable expectations
 - Taking care of oneself as a parent

Levels of Intervention



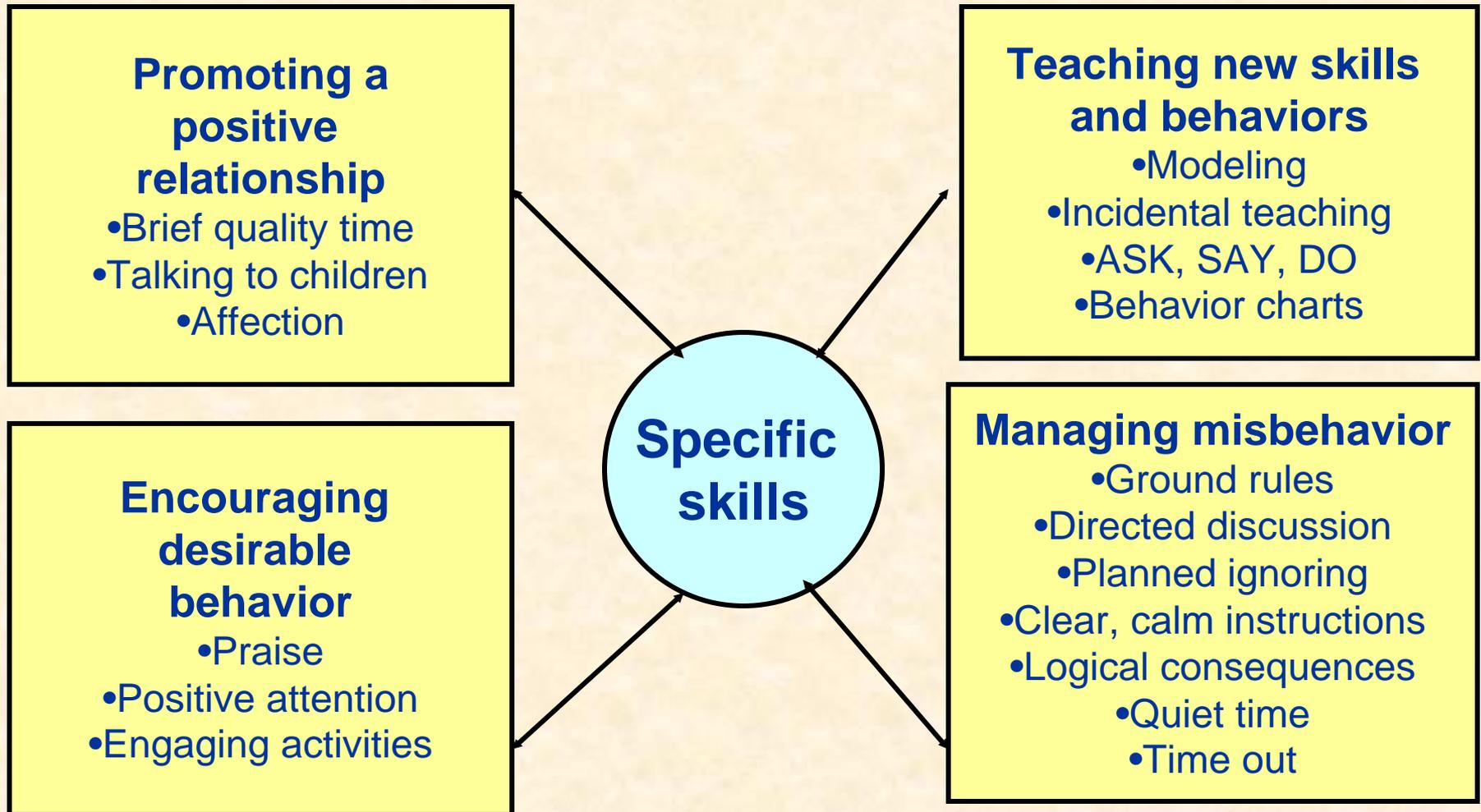
Triple P Parenting

- Self-sufficiency guided
 - Minimally sufficient
- Flexible delivery
 - Self directed
 - Individual
 - Group
- Parent directed (reduces stigma/blame)
 - Parent determines the specific goals for child and family
 - Provider uses examples that are consistent with the family's circumstance and preferences

Triple P Parenting

- Parenting information campaign
 - Level 1
- Brief parenting advice
 - Level 2
- Narrow focused parent skills training
 - Level 3
- Broad focused parent skills training
 - Level 4
- Behavioral family intervention
 - Level 5

17 Specific Parenting Skills



Triple P Parenting

- Level 4--Broad focus parenting skills
 - Individual, group or self-directed parenting skills
 - Mental health practitioners (typically)
- Level 5--Enhanced family behavioral intervention
 - Up to 9 additional sessions in addition to to Level 4
 - Increased focus on parenting skills, coping strategies, and partner support
 - Mental health practitioners (typically)

Triple P Parenting

- Level 2--Information/advice
 - Information, specific parenting advice and referrals
 - Medical, daycare, school, social service, or mental health practitioners
- Level 3--Brief focus parenting
 - Information and specific parenting counseling
 - 120 minutes over 4 contacts (in-person or phone)
 - Medical, daycare, school, social service, or mental health practitioners
- Level 1—Universal (part of population rollout)
 - Media-based social marketing

Level 4: Standard Triple P

- Broad focus parent skills training (office or home)
- Active skills training
- Generalization enhancement strategies
- 10 sessions
 - Assessment and feedback
 - Causes of children's behavior problems
 - Positive parenting strategies
 - Practice
 - Planned activities for high-risk settings
 - Maintenance

Level 4: Group Triple P

- Groups of ~10-12 parents
- Active skills training in small groups
- 8 session group program
 - 4 x 2 hour group sessions
 - 3 x 15-30 minute telephone sessions
 - Final group / telephone session options
- Supportive environment
- Normalize parenting experiences

Level 5: Enhanced Triple P

- Adjunct to Level 4 Triple P
- Review and feedback
- Negotiation of additional modules tailored to family's needs
 - Additional Practice Module
 - Coping Skills Module
 - Partner Support Module
- Maintenance and closure

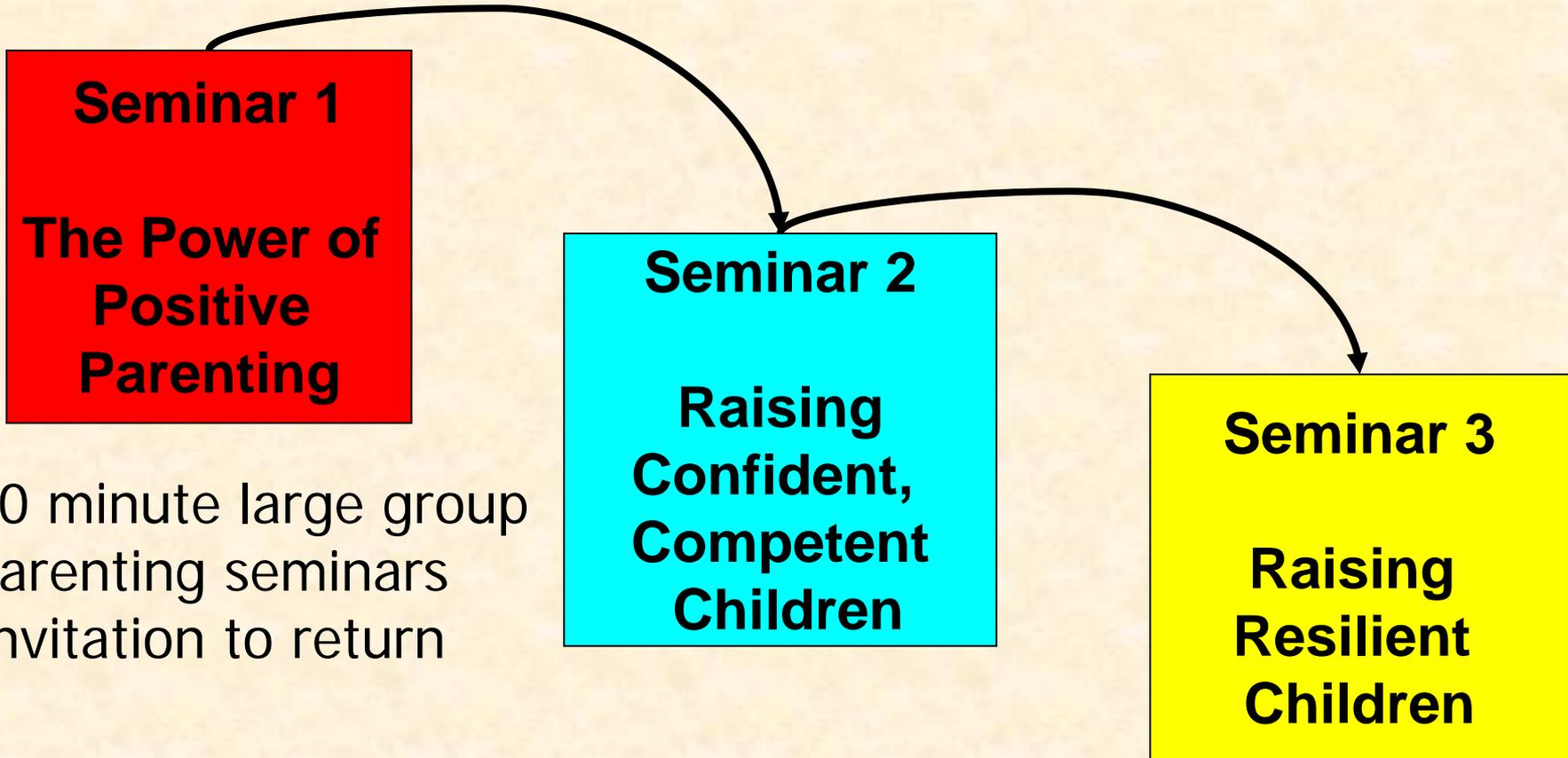
Level 3: Primary Care Triple P

- Practical consultation for discrete behavioral or developmental issues
- May involve active skills training procedures
- Four 15-30 minute consultations
 - Nature and history of problem / monitoring
 - Formulation / parenting plan / obstacles
 - Review / rehearsal / new parenting plan
 - Follow-up / trouble shooting
- Referral to (or provision of) more intensive intervention if appropriate

Level 2: Selected Triple P (Individual Support)

- Brief parenting consultation through many settings
- Anticipatory developmental guidance
- Brief consultation format (e.g., 10 mins)
 - clarify problem / explain resources / tailor information to family
 - possible brief follow-up
- Invitation to return if more intensive services are indicated

Level 2: Selected Triple P (Seminar Series)



Level 1: Universal Triple P

- **Print**
 - Newspaper editorials/features, positive parenting column, posters, brochures
- **Television**
 - Current affairs stories, 15-30 sec positive parenting CSAs, television news coverage
- **Radio**
 - Interviews, 1-2 minute CSAs, weekly call-in shows
- **Internet**
 - Parent direct web sites, e-journals

LA PEI Triple P Levels

4. Standard / Group / Self-Directed Triple P
 - Broad focus parenting skills training
 - **Standard Triple P (0-12 years of age)**
 - **Standard Teen Triple P (13-16 years of age)**
5. Enhanced Triple P
 - Behavioral family intervention

Training Protocol

Training Overview

- Trainings include
 - Some pre-training agency consultation
 - Active training days (# of days vary by level)
 - Part I (learning the model)
 - Pre-accreditation consultation day (required for some courses, in the future)
 - Part II (practice and accreditation)
 - Scheduled approximately 8-10 weeks after Part I
 - Program manual and support materials
 - Trainee certificates
 - Access to the Triple P Provider website
 - All trainer travel and expenses

Active Training Days

- Part I (learning the model)
 - Classes of 20 practitioners
 - Up to 2 ‘auditors’ (e.g., supervisors, agency directors)
 - Didactic instruction, active practice and skill building, video supplements
- Part II (practice and accreditation)
 - Classes divided into groups of 5 (½ day per group of 5)
 - Participants demonstrate skill mastery in key components of Triple P
 - Provides opportunity for practice and feedback in a supportive environment
 - Completion of open book quiz (returned that day)

Level 4 Options

- Three-day training plus accreditation
 - **Standard Triple P (individual families)**
 - **Birth – 12**
 - **Teens**
 - Group Triple P
 - Birth – 12
 - Teens
 - Stepping Stones Triple P (parents of children with developmental disabilities)

Level 4 Materials

- Practitioners (included)
 - Program Manual
 - Powerpoint Presentation for Group Triple P
 - Family Workbook sample, either:
 - Every Parent's Family Workbook (Level 4 Standard)
 - Teen Triple P Family Workbook (Level 4 Teen)
 - Every Parent's Group Workbook (Level 4 Group)
 - Teen Triple P Group Workbook (Level 4 Group Teen),
 - Stepping Stones Triple P Family Workbook
 - DVDs
 - Every Parent's Survival Guide
 - Every Parent's Guide to Teenagers
- Parent resources (for purchase)
 - Additional Family or Group Workbooks

Level 5 Options

- 2-day training plus accreditation
 - Prerequisite: Level 4 training
- Options:
 - Enhanced
 - Pathways (for parents who have abused or are at elevated risk of being abusive)

Level 5 Materials

- Practitioners (included)
 - Manual
 - Parent DVDs:
 - Coping With Stress
 - Supporting Your Partner
 - Sample module workbooks
- Parenting resources (for purchase)
 - Enhanced Triple P—4 module workbooks
 - Pathways Triple P—3 module workbooks

EXPECTATIONS FOR MAINTAINING FIDELITY

Expectations for Fidelity

- Each agency will complete the Implementation Planning guide and submit it to CiMH
- Each agency will participate in an Implementation Planning call/meeting with CiMH prior to providing direct services
- Each agency will ensure identified staff will participate fully in all training and consultation activities

Expectations for Fidelity

- Agencies will ensure staff participation in regular supervision with a Triple P trained supervisor
- Clinical staff will participate in a titrated schedule of consultation calls with Triple P America
- Agencies will participate in monthly TA/administrative conference calls w/CiMH

Expectations for Fidelity

- Agencies will ensure the consistent use of a program performance evaluation protocol
- Agencies are responsible for additional training fees associated with replacing a therapist
- Agency staff will be trained by certified trainers and/or trainers recognized by Triple P America

Expectations for Fidelity

- Each staff member must obtain certification from Triple P America; this also defines the scope of the Triple P programs they are authorized to provide. (i.e. each Triple P program has a separate certification.)
- Identified outcome measures will be administered at intake and termination, and raw data will be processed and submitted to CiMH every 6 months

Implementation and Planning Guide

To be completed and submitted to CiMH

Implementation Plans

- Service system integration
- Staffing
- Supervision
- Funding
- Program performance evaluation
- Administrative oversight

Service System Integration

- Which levels of Triple P will be implemented?
- Who will be responsible for coordinating/insuring referrals?
- Who will be referred? Will there be inclusion or exclusion criteria?
- Where will Triple P fit into your service system?

Staffing

- Who will be the practitioners? How will they be selected? Will they have a choice?
- What educational background and clinical experience will be required?
- Will they have time to learn the practice? What other duties will they have?
- What will their Triple P caseload involve?

Supervision

- Who will supervise the Triple P practitioners? How will they be selected?
- What educational background and clinical experience will be required?
- Will they be responsible for supervising other programs? If yes, which programs?
- Who will coordinate distribution of Level 4/5 materials be managed?

Fidelity and Evaluation

- Who will be responsible for insuring collection of program performance measures?
- Who will be responsible for data collection and submittal?

Administrative Oversight

- Who at the administrative level participated in implementation planning?
- Who at the administrative level is committed to making sure that everything happens as planned?
- Who at the administrative level will review fidelity and outcome reports and oversee any needed corrections?
- How will staff attrition be managed?

Contact Information

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